



# Town of Lexington

Office of Community Development  
Health Division  
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## Board of Health

Wendy Heiger-Bernays, PhD, Chair  
Sharon Mackenzie, R.N., CCM  
Burt M. Perlmutter, M.D.  
David S. Geller, M.D.  
John J. Flynn, J.D.

Application for Permit to Transport and/or Dispose of Septage/Grease		
Fee: \$ 75.00      Current Permit Expires: _____      Permit # _____		
Business or Trade Name: _____		
Business Address: _____		
Mailing Address (if different): _____		
Telephone # of Business: _____		
Name and Title of Applicant: _____		
Address of Applicant: _____		
Telephone # of Applicant: _____		
E-mail Address: _____		
Name of Owner (if different from applicant): _____		
If corporation or partnership, give name, title, home address, below if more room is needed please attach information:		
Name	Title	Home Address
Vehicle Registered to:		Vehicle Registration

**Name and address of facility where Septage/Grease is disposed of:**

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**APPLICANT EMERGENCY INFORMATION**

We must be able to contact you in case of an emergency. We DO NOT WANT a corporate address. We require personal addresses where responsible people can be reached at any time.

**Name of Business or Company:** \_\_\_\_\_

**Name of Owner and/or Manger:** \_\_\_\_\_

**Address (Home):** \_\_\_\_\_

**Telephone # (Home):** \_\_\_\_\_

**Telephone # (Cell/24 Hour):** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**1<sup>st</sup> Alternate Contact (Name):** \_\_\_\_\_

**Address (Home):** \_\_\_\_\_

**Telephone # (Home):** \_\_\_\_\_

**Telephone # (Cell/24 Hour):** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Pursuant to MGL Ch. 62C sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.**

**Federal ID:** \_\_\_\_\_

**OR**

**Social Security Number:** \_\_\_\_\_

**Signature of Individual or Corporate Name:** \_\_\_\_\_

I, \_\_\_\_\_ the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

Signature \_\_\_\_\_